

08/31/01

JCS25 U.S. PTO

11050 U.S. PTO

09/943914

08/31/01

UTILITY
PATENT APPLICATION
TRANSMITTAL

Attorney Docket No.: IA00012

First Inventor: Donald J. Rembosi et al.

Title: DATA PACKET FOR A VEHICLE ACTIVE NETWORK

Express Mail Label No.: EL5687496705US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS
(see MPEP chapter 600 concerning
utility patent application contents)

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

1. ☒ Fee Transmittal Form in duplicate
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status
See 37 CFR 1.27
3. ☒ Specification Total Pages
(preferred arrangement set forth below)
-Descriptive title of the invention
-Cross Reference to Related Applications
-Statement Regarding Fed sponsored R&D
-Reference to sequence listing, a table,
-Background of the Invention
-Brief Summary of the Invention
-Brief Description of the Drawings (if filed)
-Detailed Description
-Claim(s)
-Abstract of the Disclosure

4. ☒ Drawing(s) Total Sheets
5. ☒ Oath or Declaration
a. ☐ Newly executed (original or copy)
b. ☐ Copy from a prior application (37
CFR 1.63(d)) (for continuation/ divisional with
Box 18 completed)
i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 CFR 1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet under 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large
table or Computer Program (Appendix)
8. ☐ Nucleotide and/or Amino Acid Sequence
(if applicable, all necessary)
a. ☐ Computer Readable Form (CFR)
b. ☐ Specification Sequence Listing on:
i. ☐ CD-ROM or CD-4 (2 copies);
ii. ☐ or paper
c. ☐ Statements verifying identify of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) ☐ Power of Attorney
Statement (when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ IDS ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
15. ☐ Certified Copy of Priority Document
16. ☐ Nonpublication Request under 35 U.S.C.
122(b)(2)(B)(i). Applicant must attach form
PTO/SB/35 or its equivalent.
17. ☐ Other: _____

18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in- Part (CIP) Prior Appl. No.

Prior Appl. information: Examiner: Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label



2 2 8 6 3

or



Correspondence address below

| | | | | | |
|-----------|---------------------------------|-----------|------------------|-----------------|--------------|
| Name | S. Kevin Pickens | | | | |
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| City | Scottsdale | | State | AZ | |
| Country | U.S.A. | Telephone | 480-441-4207 | Fax | 480-441-5220 |
| Name | S. Kevin Pickens | | Registration No. | 34,696 | |
| SIGNATURE | S. K. Pickens | | Date | August 31, 2001 | |

| | | | | | | | |
|--|--|----------------------|--|---|--|------------------------|--|
| PTO/SB/17 (11-00) | | Complete if Known | | | | | |
| FEE TRANSMITTAL Patent fees are subject to annual revision | | Application Number | | | | | |
| | | Filing Date | | | | | |
| | | First Named Inventor | | Donald J. Remboski | | | |
| | | Examiner Name | | | | | |
| Group Art Unit | | | | | | | |
| TOTAL AMOUNT OF PAYMENT | | (\$) 710.00 | | Attorney Docket No. IA00012 | | | |
| METHOD OF PAYMENT | | | | FEE CALCULATION (continued) | | | |
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to: Deposit Account Number 13-4771 Deposit Account Name Motorola, Inc. <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | | 3. ADDITIONAL FEES | | | |
| 2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other | | | | Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description | | | |
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING FEE | | | | | | | |
| Large Entity Small Entity Fee Paid Fee Fee Fee Code (\$) Code (\$) Code (\$) | | | | | | | |
| 101 710 201 365 Utility filing fee 710.00 | | | | | | | |
| 106 320 206 160 Design filing fee | | | | | | | |
| 107 490 207 245 Plant filing fee | | | | | | | |
| 108 710 208 355 Reissue filing fee | | | | | | | |
| 114 150 214 75 Provisional filing fee | | | | | | | |
| SUBTOTAL (1) (\$) 710.00 | | | | | | | |
| 2. EXTRA CLAIM FEES | | | | | | | |
| Total Claims 18 -20** = 0 X 18 = 0 Independent Claims 1 -3** = 0 X 80 = 0 Multiple Dependent Claims 270 = | | | | | | | |
| Large Entity Small Entity Fee Description Fee Fee Fee Code (\$) Code (\$) Code (\$) | | | | | | | |
| 103 18 203 9 Claims in excess of 20 | | | | | | | |
| 102 80 202 40 Independent claims in excess of 3 | | | | | | | |
| 104 270 204 135 Multiple dependent claim, if not paid | | | | | | | |
| 109 80 209 40 ** Reissue independent claims Over original patent | | | | | | | |
| 110 18 210 9 **Reissue claims in excess of 20 and over original patent | | | | | | | |
| SUBTOTAL (2) (\$) | | | | | | | |
| **OR NUMBER PREVIOUSLY PAID, IF GREATER. For Reissues, see above | | | | | | | |
| SUBMITTED BY | | | | Complete (if applicable) | | | |
| Name (Print/Type) S. Kevin Pickens | | | | Registration No. 34,696 | | Telephone 480-441-4207 | |
| Signature S. Kevin Pickens | | | | Mail Date August 31, 2001 | | | |